APR-29-2004 THU 01:53 PM BRIGID D SOLDAVINI,CPA FAX

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May 05, 2004 8:00 am
Secretary of State
05-05-2004 90194 008 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000113031

1. Entity Name
WBA FABRICATION INC.

Principal Place of Business	Mailing Address
25351 BERNWOOD DR. BONITA SPRINGS, FL 34135	25351 BERNWOOD DR. BONITA SPRINGS, FL 34135

24070693

04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0563790
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALGER, WILLIAM B
25351 BERNWOOD DR.
BONITA SPRINGS, FL 34135

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	ALGER, WILLIAM B
STREET ADDRESS	2000 44TH TERRACE SW
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	VT
NAME	ALGER, DANA L
STREET ADDRESS	2000 44TH TERRACE SW
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	PS
NAME	Alger, William B.
STREET ADDRESS	3332 Tortuga Way
CITY-ST-ZIP	Naples FL 34105
TITLE	VT
NAME	Alger, Dana L.
STREET ADDRESS	3332 Tortuga Way
CITY-ST-ZIP	Naples FL 34105
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WBC 4/29/04 239-290-1470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #